

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	213508911					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME:  <b>DEWBERRY &amp; DAVIS, INC.</b>  2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b>   <b>RICHMOND, VA 23219</b> </div> <div style="width: 35%;"> DUE DATE: <b>2/28/2013</b>   SCC ID NO: <b>F1284860</b>   5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000	
CLASS	AUTHORIZED						
COMMON	1,000						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>							
4.) STATE OR COUNTRY OF INCORPORATION: <b>NC</b>							
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;"> ADDRESS: 8401 ARLINGTON BOULEVARD   CITY/ST/ZIP: FAIRFAX, VA 22031 </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      DARREN R. CONNER  TITLE:                      PRESIDENT  ADDRESS:                  551 PINEY FOREST ROAD  CITY/ST/ZIP/CO:        DANVILLE, VA 24540 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME:                      DARREN R. CONNER TITLE:                      PRESIDENT ADDRESS:                  551 PINEY FOREST ROAD CITY/ST/ZIP/CO:        DANVILLE, VA 24540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:                      DARREN R. CONNER TITLE:                      PRESIDENT ADDRESS:                  551 PINEY FOREST ROAD CITY/ST/ZIP/CO:        DANVILLE, VA 24540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      BRIAN K. BRADNER  TITLE:                      ASSOCIATE VP  ADDRESS:                  551 PINEY FOREST ROAD  CITY/ST/ZIP/CO:        DANVILLE, VA 24540 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME:                      BRIAN K. BRADNER TITLE:                      ASSOCIATE VP ADDRESS:                  551 PINEY FOREST ROAD CITY/ST/ZIP/CO:        DANVILLE, VA 24540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:                      BRIAN K. BRADNER TITLE:                      ASSOCIATE VP ADDRESS:                  551 PINEY FOREST ROAD CITY/ST/ZIP/CO:        DANVILLE, VA 24540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      Shepard Hockaday  TITLE:                      VICE PRESIDENT  ADDRESS:                  2301 REXWOODS DR., SUITE 200  CITY/ST/ZIP/CO:        RALEIGH, NC 27607 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME:                      Shepard Hockaday TITLE:                      VICE PRESIDENT ADDRESS:                  2301 REXWOODS DR., SUITE 200 CITY/ST/ZIP/CO:        RALEIGH, NC 27607	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:                      Shepard Hockaday TITLE:                      VICE PRESIDENT ADDRESS:                  2301 REXWOODS DR., SUITE 200 CITY/ST/ZIP/CO:        RALEIGH, NC 27607	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      DONALD BURROUGHS  TITLE:                      ASSOCIATE VP  ADDRESS:                  605 EASTOWNE DR.,  CITY/ST/ZIP/CO:        CHAPEL HILL, NC 27514 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME:                      DONALD BURROUGHS TITLE:                      ASSOCIATE VP ADDRESS:                  605 EASTOWNE DR., CITY/ST/ZIP/CO:        CHAPEL HILL, NC 27514	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:                      DONALD BURROUGHS TITLE:                      ASSOCIATE VP ADDRESS:                  605 EASTOWNE DR., CITY/ST/ZIP/CO:        CHAPEL HILL, NC 27514	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      DANIEL R. KOENIGSHOFER  TITLE:                      VICE PRESIDENT  ADDRESS:                  605 EASTOWNE DR.,  CITY/ST/ZIP/CO:        CHAPEL HILL, NC 27514 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME:                      DANIEL R. KOENIGSHOFER TITLE:                      VICE PRESIDENT ADDRESS:                  605 EASTOWNE DR., CITY/ST/ZIP/CO:        CHAPEL HILL, NC 27514	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:                      DANIEL R. KOENIGSHOFER TITLE:                      VICE PRESIDENT ADDRESS:                  605 EASTOWNE DR., CITY/ST/ZIP/CO:        CHAPEL HILL, NC 27514	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      DAVID MAXWELL  TITLE:                      VICE PRESIDENT  ADDRESS:                  4180 INNSLAKE DRIVE  CITY/ST/ZIP/CO:        GLEN ALLEN, VA 23060 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME:                      DAVID MAXWELL TITLE:                      VICE PRESIDENT ADDRESS:                  4180 INNSLAKE DRIVE CITY/ST/ZIP/CO:        GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:                      DAVID MAXWELL TITLE:                      VICE PRESIDENT ADDRESS:                  4180 INNSLAKE DRIVE CITY/ST/ZIP/CO:        GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME:	R. ALAN BURCHETTE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	551 PINEY FOREST ROAD		
CITY/ST/ZIP/CO:	DANVILLE, VA 24540		
NAME:	CRAIG N. THOMAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8401 ARLINGTON BOULEVARD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	MARK H. REINER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8401 ARLINGTON BOULEVARD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	BARTHOLOMEW ROWE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. TREASURER		
ADDRESS:	8401 ARLINGTON BOULEVARD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	DONALD E. STONE, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	8401 ARLINGTON BOULEVARD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	MARK F DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. SECRETARY		
ADDRESS:	8401 ARLINGTON BLVD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	DEBORAH DEBERNARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	8401 ARLINGTON BLVD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	BARRY K. DEWBERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8401 ARLINGTON BOULEVARD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	TIMOTHY C. MCCORMICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	8401 ARLINGTON BOULEVARD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	DAN M. PLEASANT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	8401 ARLINGTON BOULEVARD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	KURT R THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	8401 ARLINGTON BLVD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIDGETTE WELTON ASST. SECRETARY 2301 REXWOODS DRIVE SUITE 200 RALEIGH, NC 27607	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SIDNEY O. DEWBERRY DIRECTOR 8401 ARLINGTON BOULEVARD FAIRFAX, VA 22031	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ DONALD E. STONE, JR.	DONALD E. STONE, JR., EVP	2/21/2013			
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					